

Please accept this as a follow up to my testimony on April 2nd. I had the privilege of providing my view of the recent change in the law regarding nurse to patient ratios. I felt I needed to provide additional information given my impression of the hearing and the lack of knowledge on the part of the legislator who provided testimony. Quite frankly, I am appalled at the lack of knowledge on the part of an individual on the law that we must now try to operationalize, not to mention the fact he introduced himself as representing “labor” before he corrected himself. Needless to say, this is less about the patients and trying to determine the best method of applying the law and more about the unions. I hope that you find my testimony to be factual, based on decades of experience and genuine in focusing on the needs of the patient, specifically the NICU infant.

Below is a written summary of my testimony.

My name is Faye Weir and I am currently the Director of Parent Child Services at South Shore Hospital. I have been a nurse for over 35 years and have always cared for mothers, infants and children during my entire career. I am appreciative of this opportunity to speak to you regarding a topic about which I am very passionate.

My extensive background in many hospitals as a direct patient care provider, a nurse educator and as a leader has provided me a vantage point on how we care for mothers and their infants through a variety of lenses. Throughout my career, I have found that one of the foremost keys to success is the collaboration of the team in caring for these patients. Our success will hinge on the collaboration between the nurse at the bedside, the nurse leaders, the respiratory therapists, and the neonatologists who all have the goal of providing the best possible care to these fragile, critical infants. Reflecting on the legislation for nurse to patient ratios in the NICU, I am concerned about the law applying to these units and how it could prevent NICU teams from safely caring for all patients.

In past discussions, we have conveyed the nuances of the NICU, which make it different than an adult critical care unit, including the inability to project the total number of infants that might be delivered or admitted during a shift, the speed of which an infant's status can change for either better or worse, the specialized training NICU nurses require impacting the total staff available for surges in census, and the limited number of NICUs in the state. I am hoping that the total picture painted was the need for flexibility of all staff involved in the care of these infants to meet their needs.

Staffing for care of both the mother and neonate have had established recommendations for well over 3 decades, and this law mandating a 1:1 or 1:2 nurse staffing ratio for all patients at all times in ICUs is less robust and actually conflicts with the established NICU standards. The Association of Women's Health, Obstetrical and Neonatal Nurses (AWHONN) and the National Association of Neonatal Nurses (NANN) have addressed the issues around nurse staffing, which is far more comprehensive than defining nurse to patient ratios. In fact, appropriate nurse staffing is defined as "a match of registered nurse expertise with the needs of the recipient of nursing services in the context of the practice setting and situation" (American Nurses Association [ANA], 2012, p. 6). Staffing according to the perinatal AWHONN guidelines allows stable Level 2 infants to be safely cared for at a ratio of 1 nurse to 3 patients, but these level 2 infants may need to be cared for in the NICU because of certain clinical and family factors, which we have described in prior testimony. Nurse judgment and these established perinatal guidelines allow for our NICUs to provide the best possible care with a proven record of positive outcomes. The years of success in improving outcomes for NICU patients is tied directly to the focus of these professional nursing organizations on nursing care, staffing and collaboration across all disciplines. The law should not apply to the NICU and I request that you consider these guidelines and our record of excellent NICU care as you further develop the regulations.